



# Washington State Criminal Justice Training Commission General Course Application

PLEASE TYPE OR PRINT CLEARLY-All sections of this application are MANDATORY –  
**Only complete applications will be processed.**

1. APPLICANT INFORMATION				
Name: Last □□□□□		First □□□□□	Middle □□□□□	
Social Security Number (Mandatory): □□□□□/□□□□□/□□□□□	Title/Rank: □□□□□		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Agency: □□□□□		Agency Phone: □□□□□/□□□□□/□□□□□ □□□/□□□□□	Agency Fax: □□□□□/□□	
Agency Address: Street or PO Box, City, State Zip □□□□□				
Billing address if different than above: □□□□□				
Need for Training: □□□□□ □□□□□				
2. COURSE INFORMATION				
Course Title: □□□□□		Course Number: □□□□□	Has Applicant Previously Applied for this Course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Course: □□□□□		Course Dates: □□□□□	If Yes, When? □□□□□	
3. PREREQUISITES				
Does the Above Course have Prerequisites for attendance?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Complete Below)		
PREREQUISITE(S): Completion of (Course Title) □□□□□	APPLICANT'S COMPLETION OF PREREQUISITE(S): Date(s): □□□□□ Location: □□□□□			
4. Applicant Email Address: (MANDATORY)		□□□□□@□□□□□		
5. APPLICANT PRIORITY (MANDATORY) If submitting more than one application for this course, check the priority of <b>THIS</b> applicant (1 being first priority): → 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
6. AUTHORIZATION (MANDATORY)		For Commission Use Only		
Training Manager Name/Signature: □□□□□		Accepted <input type="checkbox"/>	Registered <input type="checkbox"/>  Comments:	
Email and Phone Number: □□□□□		Alternate <input type="checkbox"/>		Moved to
		Denied <input type="checkbox"/>		CXL Date
Authorizing Signature/Date: _____/_____		RETURN TO: <b>Development, Training, and Standards Division</b> <b>FAX: 206-835-7926</b> <b>IMPORTANT: Certificates will be printed as the name appears on this application.</b> <b>QUESTIONS? Contact Registrar; registrar@cjtc.state.wa.us</b>		